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CONFIRMATION NO. 6552

<b>SERIAL NUMBER</b> 10/501,873	<b>FILING OR 371(c) DATE</b> 09/14/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 1291-0217PUS1	
<b>APPLICANTS</b> Jari Alander, Karlshamn, SWEDEN; Staffan Norberg, Karlshamn, SWEDEN; Henri Hansson, Helsingborg, SWEDEN; Marianne Svard, Veberod, SWEDEN; Lars Hovgaard, Farum, GERMANY;					
<b>** CONTINUING DATA *****</b> <i>mtt</i> This application is a 371 of PCT/SE03/00093 01/21/2003					
<b>** FOREIGN APPLICATIONS *****</b> <i>mtt</i> SWEDEN 0200154-3 01/21/2002					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <i>mtt</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 02292					
<b>TITLE</b> Tabletting process					
<b>FILING FEE RECEIVED</b> 1500	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		